

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 1599055

FILING DATE

9-18-2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3	/			/		/	53						
4	/			/		/	54						
5	/			/		/	55						
6	/			/		/	56						
7	/		/		/		57						
8		/		/		/	58						
9	/			/		/	59						
10		/		/		/	60						
11	/		/		/		61						
12		/		/		/	62						
13	/			/		/	63						
14	/		/		/		64						
15		/		/		/	65						
16	/			/		/	66						
17	/		/		/		67						
18		/		/		/	68						
19	/			/		/	69						
20		/		/		/	70						
21	/			/		/	71						
22		/		/		/	72						
23	/		/		/		73						
24		/		/		/	74						
25	/			/		/	75						
26		/		/		/	76						
27	/		/		/		77						
28		/		/		/	78						
29	/			/		/	79						
30	/		/		/		80						
31		/		/		/	81						
32	/			/		/	82						
33	/		/		/		83						
34		/		/		/	84						
35	/			/		/	85						
36		/		/		/	86						
37	/			/		/	87						
38		/		/		/	88						
39	/			/		/	89						
40		/		/		/	90						
41	/			/		/	91						
42		/		/		/	92						
43	/			/		/	93						
44		/		/		/	94						
45	/			/		/	95						
46		/		/		/	96						
47		/		/		/	97						
48		/		/		/	98						
49							99						
50							100						
TOTAL IND.	12	↓	12	↓		↓							
TOTAL DEP.	36	←	36	←		←							
TOTAL CLAIMS	48		48										